

ARIZONA'S CHILD FIND TRACKING FORM
For School Districts, Charter Schools and Arizona Early Intervention Program (AzEIP)

Section I. Initial Referral Data

			1 Date of initial referral
2 Person making referral		3 Agency/title of referring Individual	
4 Sender's Fax number			
5 { } Referred to Part C AzEIP Interim Service Coordinator	6 { } Referred to Part B District of Residence	7 { } Parent selected both Part B and Part C	
8 Sender's Phone number			
9 Name of individual referral sent to	10 Receiving agency	11 Receiver's Phone number	12 Receiver's Fax number
13 Child's name	14 Parents'/guardians' names		15 Child's date of birth
16 Parents' Mailing address			
17 Parents' Home phone number	18 Parents' Work phone number	19 Parents' Alternative phone	

Section II Documentation of Agency Follow up to Referral

Child Referred to AzEIP (Arizona Early Intervention Program)		
20 Date/name of AzEIP staff who received referral	21 Date AzEIP ISC notified referring agency on status of referral	22 Signature of AzEIP ISC notifying referring agency
23 Date/name of PEA staff verifying status of referral (if not notified by AzEIP)	24 Date AzEIP ISC provided final status on referral to PEA, DES/AzEIP and ADE/Child Find (if alert was filed)	25 Signature/Date of AzEIP ISC verifying alert issue has been remedied
Child Referred to District of Residence		
26 Date/name of district of residence staff who received referral	27 Date district of residence notified referring agency on status of referral	28 Signature of PEA staff notifying referring agency
29 Date/name of referring agency staff verifying status of referral (if not notified by district of residence)	30 Date district of residence provided final status on referral to referring agency, and ADE/Child Find Unit (if alert was filed)	31 Signature/Date of district of residence admin. verifying alert issue has been remedied

Section III A L E R T to Arizona Department of Education *****32** Date Alert Submitted

33 Signature of Individual Filing Alert	34 Agency filing Alert	35 Phone number	36 Fax number
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****Only fax ALERT immediately to the Arizona Department of Education/Child Find Unit at (602) 542-5404 or call (800) 352-4558.**

Section IV A L E R T Follow-up**37** Signature/date DES/AzEIP verified follow up on Alert process**38** Signature/date ADE/Child Find Unit verified follow up on Alert process

The purpose of this form is to document implementation of the mutual responsibilities for child find by tracking initial referrals between PEAs and AzEIP Interim Service Coordinators for children birth to five, using expedited timelines. Timelines for follow up are measured from the date of the **initial referral in Box 1** to 30 calendar days, regardless of who receives the initial referral. **This form is not for use by parents, physicians or others.** It must be completed and faxed to the appropriate agency within 2 working days of receipt of a concern, with a cover sheet marked "CONFIDENTIAL".

For Children aged birth – 3 years:

When any public school receives a concern about a child's development from the parent of a child aged birth to 3 years:

1. Complete **Section I** of this form *within 2 working days* of date of receipt of an initial referral in **Box 1** and fax to the closest DES/AzEIP Interim Service Coordinator (ISC), maintaining a copy for monitoring purposes. This begins the AzEIP timeline requirement for the eligibility determination process (from intake/screening through development of the IFSP).
2. The DES/AzEIP ISC must immediately begin the eligibility determination process. The DES/AzEIP ISC must complete **Boxes 20-22** on this form and fax it to the referring school to **notify** them on the status of the referral *within 30 calendar days* of the initial referral date in **Box 1**, maintaining a copy for monitoring purposes.
3. The referring agency is responsible for **verifying** that the eligibility determination process conducted by AzEIP is near completion e.g. (evaluation completed in 30 calendar days). If the DES/AzEIP ISC has not notified the referring school *within 30 calendar days* from the date of the initial referral in **Box 1**, the school must contact the DES/AzEIP ISC to **verify** if the eligibility determination process is near completion (evaluation must be completed within 30 calendar days) and document that **verification** in **Box 23**.
4. If the eligibility determination process is not near completion, the referring school must complete the **Alert** portion in **Section III** on this form and fax a copy to the Arizona Department of Education/Child Find Unit *within two working days*.
5. The ADE/Child Find Unit will follow up with the DES/AzEIP State office to ensure the eligibility determination process is completed within required timelines.
6. Upon completion of the eligibility determination process, the DES/AzEIP ISC will complete **Boxes 24-25** on this form and fax immediately to the referring school, DES/AzEIP State office, and the ADE/Child Find Unit.
7. DES/AzEIP and the ADE/Child Find Unit will verify the **Alert** follow up and complete **Section IV**.

For Children Aged 2 Years 9 Months – 5 Years:

When an AzEIP ISC, a union high school district, or a public charter school receive a concern about a child's development who is between 2 years 9 months and 5 years of age:

1. Complete **Section I** on this form *within 2 working days* of date of receipt of an initial referral in **Box 1** and fax to the district of residence, maintaining a copy for monitoring purposes. This begins the expedited timeline requirement for screening and or evaluation by the district of residence.
2. Staff from the district of residence must immediately begin the eligibility determination process (to screen or evaluate the child). They must complete **Boxes 26-28** on this form and fax it to the referring agency to **notify** them on the status of the referral *within 30 calendar days* of the date of the initial referral in **Box 1**, maintaining a copy for monitoring purposes.
3. The referring agency is responsible for **verifying** that the eligibility determination process is near completion. If the referring agency has not received notification from the district of residence *within 30 calendar days* from the date of the initial referral in **Box 1**, the referring agency must contact the district of residence to **verify** if the screening or evaluation process is near completion, and document that **verification** in **Box 29** on the form.
4. If the screening or evaluation process is not near completion (screening completed within 30 calendar days, leaving 30 calendar days for evaluation if initiated by a written parental request to evaluate and the MET concurs), the referring agency must complete the **Alert** portion in **Section III** on this form and fax a copy to the ADE/Child Find Unit *within 2 working days*.
5. The ADE/Child Find Unit will follow up with the district of residence to ensure the eligibility determination process is completed within required timelines.
6. Upon completion of the screening and/or evaluation, the district of residence will complete **Boxes 30-31** on the form and fax immediately to the referring agency and the ADE/Child Find Unit.
7. The ADE/Child Find Unit will verify the **Alert** follow up and complete **Section IV** on this form.